



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.95

Page 1 of 10

Effective Date: March 15, 2008

Distribution: A

Supersedes: 113.95 (11/1/05)

Approved by: George M. Little

Subject: SUBSTANCE ABUSE SERVICES DELIVERY

- I. AUTHORITY: TCA 4-6-102, TCA 4-3-606, TCA 68-24-506, and TCA 68-24-601.
- II. PURPOSE: To identify and provide a continuum of cost-effective substance abuse treatment and programming services for convicted felons who are or have a history of being alcohol or drug dependant.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) inmates and institutional staff and privately managed facilities.
- IV. DEFINITIONS:
 - A. Adjunct Personnel: Approved volunteers who conduct self-help or Twelve Step programs (See Policy # 115.01), have remained drug free for two years, and are associated with a local Chapter of Narcotics Anonymous, Alcoholics Anonymous, or a Twelve Step Organization.
 - B. Correctional Treatment Academy (CTA): Refers to state treatment programs other than Substance Abuse Felony Treatment Facilities (SAFT) that use the Therapeutic Community modality to serve offenders with a history of serious behavioral and/or violent offenses in addition to substance abuse.
 - C. Criminogenic Factors: Internal and external factors that produce or tend to produce crime or criminality.
 - D. Drug Awareness/Self Study: An education program with a defined curriculum that can be implemented as a self study or by a volunteer.
 - E. DSM IV: The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.
 - F. Qualified Alcohol and Drug Abuse Personnel: Correctional staff licensed or certified as alcohol and drug counselors, social workers, professional counselors, psychological examiners, or marriage and family therapists who have documented experience working with substance abuse treatment programs. Other qualified personnel include:
 1. Licensed Alcohol and Drug Abuse Counselors (LADAC) as defined by the state of Tennessee or who have certification reciprocity from another state that is acknowledged by the state of Tennessee.
 2. Correctional Counselors who are certified in a particular cognitive/behavioral treatment curriculum: for example, the Moral Recognition Therapy (MRT) or (Strategies for Change) treatment curricula.

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 2 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

3. Correctional Counselor or mental health specialists with one year's experience working in the substance abuse treatment fields and who are actively working towards LADAC certification. These employees must be supervised by a LADAC in order to qualify.
- G. Re-Entry/Transitional Release: The phase of treatment that begins when an inmate has achieved his or her therapeutic change goal(s) and the program participant does not require further treatment services at another level of care.
 - H. Substance Abuse: Refers to a condition characterized by the continuous or episodic misuse of alcohol or other drugs which results in social or vocational impairment, dependence, and/or pathological patterns of use.
 - I. Substance Abuse Assessment: A comprehensive compilation of essential historical information designed to determine the extent of substance use, abuse, or dependency and match the inmate with the appropriate substance abuse service.
 - J. Substance Abuse Treatment Plan: A written, individualized guide which specifies the goals and objectives of substance abuse treatment, the methods to be used in the treatment process, and a schedule for assessing and updating progress.
 - K. Substance Abuse Treatment Program: Formal organized behavioral therapies such as individual or group counseling, cognitive skills therapy, or psychotherapy for inmates who have abused alcohol and other drugs. These services are designed to address specific physical, mental, or social dependencies of mood altering substances.
 - L. Substance Abuse Treatment Team: A group of institutional personnel that includes (but is not limited to) the substance abuse coordinator, mental health coordinator, jobs coordinator, drug testing coordinator, and classification coordinator. This team is responsible for the oversight of the substance abuse treatment program at each institution.
 - M. Substance Abuse Felony Treatment (SAFT): Refers to the state's federally funded in-prison residential treatment programs. These programs serve offenders with minimal histories of violent offenses as outlined in the eligibility criteria.
 - N. Therapeutic Community: Refers to the treatment method used to serve offenders in in-custody treatment programs. This approach is grounded in an explicit perspective that consists of four interrelated views: the disorder (drugs or behaviors), the person, recovery and right living.
- V. POLICY: It is the policy of the TDOC to provide the opportunity for inmates to receive intensive and individual-based substance abuse services that impact their entire life structure (values, habits, relationships, cognition, behavior, and attitudes) within the limitations imposed by available resources. Opportunities will also be provided to inmates to promote a clean and sober lifestyle while serving their sentence in the institution as well as into the community once they are released.

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 3 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

VI. PROCEDURES:

- A. The Director of Substance Abuse Programs shall be responsible for coordinating all substance abuse treatment services and programs throughout the TDOC. The duties of this individual shall include, but are not limited to, the following:
 1. Plan for the allocation of departmental substance abuse services
 2. Review and approve all program curricula
 3. Coordinate and monitor departmental substance abuse related programs including related compliance/monitoring of program services and curriculum
 4. Collect, maintain, and disseminate substance abuse program statistical information on a monthly basis.
 5. Provide technical assistance relating to inmate drug testing, substance abuse services, and narcotic interdiction activities for departmental substance abuse programs
 6. Conduct annual substance abuse treatment program integrity reviews
- B. Each Warden shall designate a staff person who will coordinate all substance abuse treatment and programming within the institution. This person may or may not be the substance abuse treatment counselor. The substance abuse treatment coordinator will be responsible for:
 1. Maintaining and reporting all institutional substance abuse treatment services and programming activities to the Director of Substance Abuse Programs on a monthly basis.
 2. Assisting in developing and updating the institution's substance abuse delivery system policy.
 3. Maintaining a list of all inmates who are assigned to substance abuse treatment programs and who test positive on institutional drug screens.
 4. Ensuring that institutional substance abuse services information is disseminated in writing (during orientation, inmate handbook, posted notices, etc.) to inmates. Substance abuse services information shall include, but not be limited to, the following information:
 - a. Referral procedure
 - b. Criteria for admission to programs
 - c. Exclusion criteria (What excludes inmates from participating)
 - d. Available services
 - e. Contact persons

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 4 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

- C. Substance abuse services shall be offered to inmates (where resources permit) who have a documented history of substance abuse. Depending on the length of their sentence and program availability, inmates shall be provided with the opportunity to participate in substance abuse treatment services prior to release from the institution.
- D. Wardens/designees shall develop local policies and procedures to address their substance abuse delivery system and shall also include the following in those policies and procedures:
 - 1. Program goals and objectives
 - 2. Admission criteria for programs
 - 3. Available services
 - 4. Discharge procedures
 - 5. Re-Entry recommendations
- E. Wardens may use placement within a substance abuse treatment program to create part-time or full-time jobs as an incentive for participation. The Central Office Inmate Job Specialist and Director of Substance Abuse Programs shall review all new program requests for approval. Assignments to such programs shall comply with all provisions of Policy #505.07. The local policy and procedures are to be reviewed annually and updated as necessary.
- F. An inmate may be referred by classification staff to be assessed for substance abuse treatment services when the inmate meets one or a combination of the criteria stated in Section VI.(I)(2).
- G. An inmate may request or be referred by the institutional staff to be assessed for substance abuse services.
- H. Inmates who have been assessed for participation in a substance abuse treatment program shall receive written notification of the pending placement decision and be afforded an opportunity to accept or deny the placement decision. Inmates who accept placement into a treatment program and later refuse to participate, voluntarily quit or withdraw shall receive the appropriate disciplinary response as outlined in Policy #505.07.
- I. Eligibility Criteria
 - 1. In order to manage the number of inmates requiring substance abuse services, priority consideration shall be given to those inmates who are closest to release from custody. Because of limited program space, there may be instances when inmates who meet the eligibility criteria for admission into a substance abuse program may be placed on a waiting list. The substance abuse treatment counselor or the substance abuse treatment team, where appropriate, shall manage the waiting list with regard to placement priorities and make the decision on placement into a substance abuse program.

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 5 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

2. Criteria for admission to SAFT programs shall require inmates to meet the following eligibility criteria :
 - a. No violent and serious offenses (specifically classification codes *, HH and X)
 - b. No sex offenses (this includes any past or present sex offense related charges)
 - c. No active security threat group membership
 - d. Score of 3 or higher on the Texas Christian University Drug Screen (TCUDS)
3. Inmates referred to CTA programs shall meet one or more of the following eligibility criteria : (NOTE: inmates with serious and violent offenses (specifically classification codes *, H and HH), inmates with a security threat group membership, and inmates with sex offenses shall be assessed for appropriateness)
 - a. Positive drug screen while incarcerated
 - b. Documented history of substance abuse or use
 - c. Score 3 or higher on the Texas Christian University Drug Screen (TCUDS)
 - d. Recommendation or mandate by the Board of Probation and Parole
 - e. Recommendation by the sentencing judge
 - f. Classification recommendation
4. Substance abuse treatment staff shall conduct an individual clinical assessment for all referred inmates in order to determine addiction severity, treatment needs, inmate motivation, and the most appropriate treatment intervention. Assessment instruments used will be based on best practices and determination by the Director of Substance Abuse Services (i.e. Texas Christian University's instruments) If more than one year has passed since the prior TCUDS or one is not present in the inmate record, one will be completed upon admission to the substance abuse program
5. Substance abuse services can include the following program options: Drug Awareness/Self Study, drug education, group counseling, and Therapeutic Community.

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 6 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

- a. Drug Awareness/Self Study: Drug Awareness/Self Study shall be offered when and where resources permit. Drug awareness may be a self study process or facilitated by a volunteer. Inmates may either volunteer or may be referred to drug awareness by their institutional counselor, or other appropriate TDOC personnel. Drug Awareness/Self Study is not considered a treatment program.
- b. Drug Education: This service is designed to educate inmates about the effects of drugs on the body and on cognitive functioning.
- c. Group Counseling: These counseling services shall be offered when and where resources permit. Group counseling is designed for those inmates who have been diagnosed and recommended during the assessment as needing substance abuse group therapy treatment. The program uses cognitive/behavioral therapy, drug education and relapse prevention to influence change. Substance abuse group-counseling services shall be provided by licensed/certified alcohol and drug abuse counselors or other qualified alcohol and drug abuse personnel as defined in Section IV (E).
- d. Therapeutic Community (TC): TC services will be provided as follows:
 - (1) Inmates assigned to a TC shall be housed in a separate housing unit set apart from the general population.
 - (2) Behavioral modification techniques, sanctions, incentives, and peer lines of communication will be utilized in each program.
 - (3) Program services will be culturally sensitive and be gender specific. Programming shall include (but not limited to): cognitive skills development, individual/group counseling, drug education, relapse prevention education, and discharge planning. Community service work and academic/vocational services will be offered if resources permit.
 - (4) Each TC program shall have at least one qualified alcohol drug abuse personnel.
 - (5) Inmates shall be referred to a TC based on a Treatment Assessment Plan (TAP) recommendation that is based on a DSM-IV diagnosis at the time of reception into the institution.
6. Prior to admission into residential substance abuse treatment or any Therapeutic Community program, inmates shall be reviewed for medical and/or mental health issues. The medical division's assessment will include TB testing, assessment of the inmate's withdrawal potential and/or need for detox, and any other major medical problems that could prevent the inmate from fully participating in the program. The mental health division's assessment will include evaluation of any serious mental health issue that will prevent the inmate from fully participating in the program.

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 7 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

7. Inmates participating in any treatment program shall be required to have an individualized treatment plan. The treatment plan shall be completed within 30 days after acceptance into treatment.
8. The inmate shall be afforded the opportunity to participate in the formulation and periodic review of his or her individualized treatment plan to the extent of his or her ability to do so. The substance abuse counselor shall be responsible for the development of the treatment plan with input from medical, mental health, and other unit management personnel, as appropriate.
9. The substance abuse treatment plan shall include the following information:
 - a. Inmate's name
 - b. TDOC number
 - c. Presenting problem/diagnosis (this shall include the arresting offense, addiction severity and any other Biopsychosocial considerations)
 - d. Strengths
 - e. Challenges
 - f. Interpretive Summary of Problem (s)
 - g. Criminogenic factors (i.e. TCI Criminal Thinking Scales findings)
 - h. Description of goal/objectives, written in measurable terms
 - i. Person responsible for providing service
 - j. Target dates for completion
 - k. Inmate's signature
10. To ensure timely review of treatment goals and services, all substance abuse treatment programs shall establish a substance abuse staffing team. The staffing team shall meet at a minimum, monthly, to discuss individual substance abuse treatment needs, review/modify treatment plans, make recommendation on program sanctions/incentives and evaluate program services. Progress notes on each program participant shall be provided monthly.
11. Individual treatment plans will be reviewed and, if needed, revised at every phase change Inmate movement from one Phase to the next is determined by the observed completion of tasks as defined and outlined by the state's Director of Substance Abuse Services.
12. Qualified alcohol and drug abuse personnel shall not exceed their level of competency as dictated by state regulatory boards when providing treatment services.

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 8 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

13. Each institution shall ensure that substance abuse treatment program personnel have the qualifications to provide program services.
14. The Department shall offer annual training in substance abuse issues to appropriate treatment and security staff when and where resources permit.
15. Each institution shall use standardized treatment and program forms as determined by the state's Director of Substance Abuse Services.

J. Discharge Criteria

1. Prior to the inmate's release from the treatment program, the inmate and his or her counselor shall develop a written Discharge Summary. The Discharge Summary shall include, but not be limited to, the following:
 - a. Re-Entry/Transitional release recommendations
 - b. Living arrangements
 - c. Community contact information
 - d. Employment information
 - e. Educational/vocational interests
2. The Discharge Summary will address services within the institution for those inmates returning to general population.
3. An inmate shall be discharged successfully from the program only after the achievement of all individual treatment goals and performance objectives as defined by the inmate's individual substance abuse treatment plan.
4. An inmate may be unsuccessfully discharged as determined by the Program Director and Treatment team from a substance abuse treatment program for any one of the following reasons:
 - a. Threats or acts of violence
 - b. Inmates who receive a confirmed positive drug screen will be subject to a non-disciplinary due process hearing by program staff and will be immediately expelled from the program. Inmates may reapply for admission into the program after 90 days and will be reconsidered for admission provided that said inmate has been drug free and Class A and B offense free during the 90 day period.
 - c. Sexual misconduct
 - d. Failure to actively participate in program activities (i.e. group discussions, tasks or assignments)

| | | |
|--|----------------|--------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 9 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

- e. Failure to work on treatment plan goals
 - f. Disrespect to any staff or other program participants
- K. Sanctions (Refer to Policy #502.02)
- L. Drug Testing: All substance abuse treatment program participants shall receive an initial urinalysis screen. Random urinalysis testing shall be used throughout the substance abuse program to monitor program compliance. Inmates in these programs will be subject to all other drug testing the same as the general population per Policy #506.21.
- M. Substance Abuse Program Records
 - 1. Each institution shall submit to the Director of Substance Abuse Programs a monthly summary of all substance abuse program activities. This report shall be due in Central Office no later than the tenth working day of the month after the date of service.
 - 2. Records of the identity, diagnosis, prognosis, or treatment of any inmate that are maintained in connection with the performance of any program or activity relating to substance abuse awareness or treatment are under the protection of federal law, Title 42, CFR Chapter 2, and shall be considered confidential.
 - 3. An individual substance abuse treatment record shall be maintained on all inmates participating in a substance abuse treatment program. The treatment record shall contain a chronological history of all substance abuse related assessments, intake forms, progress notes, transition plan, drug screens, treatment interventions, events, and activities.
 - 4. All individual contacts are to be documented after every session. Progress of inmate program participation including group and other program related activities shall be updated monthly.
 - 5. Access to substance abuse program files shall be limited to those employees who have a legitimate need. Substance abuse program staff shall develop in-house procedures to ensure that the substance abuse treatment information is shared between medical, mental health, and other institutional staff, as appropriate. Program files shall be locked at all times when unattended.
 - 6. All substance abuse treatment program records shall be retained at the institution in a secure area and maintained separately from the institutional record for at least three fiscal years following the date of discharge from the program. Retention is required for purposes of federal and state examination and audit.
 - 7. After the three-year period, the substance abuse program record shall be forwarded to Central Office with other confidential inmate records for archiving in accordance with Policy #512.01.

| | | |
|--|----------------|---------------|
| Effective Date: March 15, 2008 | Index # 113.95 | Page 10 of 10 |
| Subject: SUBSTANCE ABUSE SERVICES DELIVERY | | |

8. A copy of substance abuse treatment records or any correspondence pertaining to substance abuse treatment program participation shall be released only with the written consent of the inmate, except as noted below:
 - a. To medical or mental health personnel to the extent necessary to meet a bona fide medical/mental health emergency.
 - b. To qualified personnel for the purpose of conducting management audits or program evaluation/reviews; however, the anonymity of the inmate must be maintained.
 - c. After application showing good cause has been determined by the court of jurisdiction.
 - d. to other institutional substance abuse treatment programs for continued treatment services or aftercare services.
 - e. In cases of reported child abuse

Copies of all such releases shall be marked as confidential and maintained in accordance with TDOC state and federal regulations.

- VII. ACA STANDARDS: 4-4363-1, 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, and 4-4441.
- VIII. EXPIRATION DATE: March 15, 2011.